

STATE OF MISSOURI  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF EMPLOYMENT SECURITY  
573-751-3340  
FAX 573-751-7483

LIA2699X (2) ID _____							
FOR	Employer No. _____						
AGENCY	ED _____ SD _____ DD _____						
USE	A. & I. _____ Sec. _____						
ONLY	Special Indicators	1	2	3	4	5	6
NAICS CODE _____							

**REPORT TO DETERMINE LIABILITY STATUS**

**You are required to complete this form even if you have never had any employees.**

Complete and return within 10 days to Division of Employment Security, P O Box 59, Jefferson City, Missouri 65104-0059.

1. Employing Unit/Employer Name & Address \_\_\_\_\_

2. Account # \_\_\_\_\_

3. Business Phone # \_\_\_\_\_

3a) Fax Phone # \_\_\_\_\_

4. Owner Home Phone # \_\_\_\_\_

5. Federal Identification # \_\_\_\_\_

6. If mailing address differs from Item 1, enter here: \_\_\_\_\_

6a) Give phone number and address where you maintain payroll/disbursement records: \_\_\_\_\_

7. Check type of business organization: ☐ Individual ☐ Estate ☐ Association ☐ Partnership ☐ Corporation  
☐ Other – Specify Organization: \_\_\_\_\_ ☐ \*Limited Partnership ☐ \*LLC/LLP

If corporation, limited partnership, LLC, or LLP show state where registered: \_\_\_\_\_ Charter Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**\*If Limited Partnership, LLC, or LLP attach a copy of the Secretary of State registration.**

8. Trade name/Business name if other than what appears in Item 1: \_\_\_\_\_

9. List owner, partners or officers (*attach list if necessary*).

Name	Social Security No.	Residence Address	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. First date on which you had one (1) or more workers in Missouri: \_\_\_\_\_

10a) Description of business activities and locations in Missouri. List each location separately or attach list.

Business Location Address	County	Nature of Business/Activities	Avg. No. of Workers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10b) If no MISSOURI locations, check here ☐

10c) Show DATE in appropriate blank: \_\_\_\_\_ New business (no prior owner/operator) \_\_\_\_\_ Partial Acquisition \_\_\_\_\_ Merger  
\_\_\_\_\_ Acquired a business \_\_\_\_\_ Incorporated an existing business \_\_\_\_\_ Stock ownership change  
\_\_\_\_\_ Other (*explain*) \_\_\_\_\_

10d) Name, address and telephone number of previous operator: \_\_\_\_\_

10e) Did you continue without interruption all of the previous operator's business activities in Missouri? ☐ Yes ☐ No

If only a part of the business was acquired, explain what was acquired: \_\_\_\_\_

If activities were interrupted between operators, explain why: \_\_\_\_\_

(CONTINUE ON NEXT PAGE)

11. Do you provide leased employees to anyone? ☐ Yes ☐ No  
If "Yes," list clients' names & addresses.

11a) Are you leasing employees from anyone? ☐ Yes ☐ No  
If "Yes," list lessors' names & addresses.

12. Were you liable under the Federal Unemployment Tax Act in ANY STATE in 2001 \_\_\_\_\_ 2002 \_\_\_\_\_ 2003 \_\_\_\_\_ 2004 \_\_\_\_\_  
(answer Yes or No for each year)

NOTE: If you are operating as a sole proprietor, DO NOT include yourself, your spouse, mother, father or natural, adopted, foster or stepchildren under the age of 21 when completing Items 10, 13 and 14.

13. List Missouri wages paid in each calendar quarter by type of employment. Include paid officers.  Do Not Estimate Wages	Year	Type of Employment	1st Quarter Wages	2nd Quarter Wages	3rd Quarter Wages	4th Quarter Wages
	2001	Business				
		Agricultural				
		Domestic				
	2002	Business				
		Agricultural				
		Domestic				
	2003	Business				
		Agricultural				
		Domestic				
	2004	Business				
		Agricultural				
		Domestic				

13a) If you are showing no wages paid, give date you anticipate hiring workers: \_\_\_\_\_

13b) If you do not expect to have workers in Missouri, explain: \_\_\_\_\_

14. Check each week in which someone worked. Include corporate officers, full and part-time workers, commission salespersons, etc.  
Agricultural and non-profit 501(c)(3) employers must enter actual number of workers in each week.

Week-Ending Dates 2001	JAN 6	JAN 13	JAN 20	JAN 27	FEB 3	FEB 10	FEB 17	FEB 24	MAR 3	MAR 10	MAR 17	MAR 24	MAR 31	APR 7	APR 14	APR 21	APR 28	MAY 5	MAY 12	MAY 19	MAY 26	JUN 2	JUN 9	JUN 16	JUN 23	JUN 30	
	JUL 7	JUL 14	JUL 21	JUL 28	AUG 4	AUG 11	AUG 18	AUG 25	SEP 1	SEP 8	SEP 15	SEP 22	SEP 29	OCT 6	OCT 13	OCT 20	OCT 27	NOV 3	NOV 10	NOV 17	NOV 24	DEC 1	DEC 8	DEC 15	DEC 22	DEC 29	DEC 31
Week-Ending Dates 2002	JAN 5	JAN 12	JAN 19	JAN 26	FEB 2	FEB 9	FEB 16	FEB 23	MAR 2	MAR 9	MAR 16	MAR 23	MAR 30	APR 6	APR 13	APR 20	APR 27	MAY 4	MAY 11	MAY 18	MAY 25	JUN 1	JUN 8	JUN 15	JUN 22	JUN 29	
	JUL 6	JUL 13	JUL 20	JUL 27	AUG 3	AUG 10	AUG 17	AUG 24	AUG 31	SEP 7	SEP 14	SEP 21	SEP 28	OCT 5	OCT 12	OCT 19	OCT 26	NOV 2	NOV 9	NOV 16	NOV 23	NOV 30	DEC 7	DEC 14	DEC 21	DEC 28	DEC 31
Week-Ending Dates 2003	JAN 4	JAN 11	JAN 18	JAN 25	FEB 1	FEB 8	FEB 15	FEB 22	MAR 1	MAR 8	MAR 15	MAR 22	MAR 29	APR 5	APR 12	APR 19	APR 26	MAY 3	MAY 10	MAY 17	MAY 24	MAY 31	JUN 7	JUN 14	JUN 21	JUN 28	
	JUL 5	JUL 12	JUL 19	JUL 26	AUG 2	AUG 9	AUG 16	AUG 23	AUG 30	SEP 6	SEP 13	SEP 20	SEP 27	OCT 4	OCT 11	OCT 18	OCT 25	NOV 1	NOV 8	NOV 15	NOV 22	NOV 29	DEC 6	DEC 13	DEC 20	DEC 27	DEC 31
Week-Ending Dates 2004	JAN 3	JAN 10	JAN 17	JAN 24	JAN 31	FEB 7	FEB 14	FEB 21	FEB 28	MAR 6	MAR 13	MAR 20	MAR 27	APR 3	APR 10	APR 17	APR 24	MAY 1	MAY 8	MAY 15	MAY 22	MAY 29	JUN 5	JUN 12	JUN 19	JUN 26	
	JUL 3	JUL 10	JUL 17	JUL 24	JUL 31	AUG 7	AUG 14	AUG 21	AUG 28	SEP 4	SEP 11	SEP 18	SEP 25	OCT 2	OCT 9	OCT 16	OCT 23	OCT 30	NOV 6	NOV 13	NOV 20	NOV 27	DEC 4	DEC 11	DEC 18	DEC 25	DEC 31

15. Are you an organization exempted from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code? ☐ Yes ☐ No.  
If "Yes," furnish proof. Information regarding your status, rights, and responsibilities under the Missouri Employment Security Law will be furnished.

This information is required to be provided pursuant to Chapter 288 RSMo and 8 CSR 10-4.020 of the Missouri Division of Employment Security and the Internal Revenue Code (26 U.S.C. 85; 6011(a) 6050 B, and 6109(a)), and will only be used by public officials in the performance of their public duties.

**SIGN HERE** \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Under authority of Section 6103(d) of the Internal Revenue Code, the Internal Revenue Service provides this agency with information necessary for Certification and Audit purposes.